* Rec Date
Filing Oske

GECEIVED

SECURITIES AND EXCHANGE COMMISSION



FORM D

Washington, D.C. 20549

NOTICE OF SALE OF SECHENTIES 1 PURSUANT TO REGULATION DIS SECTION 4(6), AND/OR

SEC USE ONLY Serial

03018148 UN	FORM LIMITED OFFERING E	KEMPTION	DATE RECEIVED
Name of Offering (a check if this is an amend Unit Offering (Preferred and Common Stock)	dment and name has changed, and indicate cha	inge.)	
Filing Under (Check box(es) that apply): Type of Filing:	New Filing Amendment	Section (6) ULOE	
Enter the information requested about the		are between a south fill on the fill second	A CONTRACTOR OF THE PROPERTY O
	nis is an amendment and name has changed, a	nd indicate change.)	
Address of Executive offices (Number and S	treet, City, State, Zip Code)	Telephone Number (Inclu	ding Area Code)
330 N. Euclid, St. Louis, Missouri 63108		(314) 454-6880	
Address of Principal Business Operations(Notifield different from Executive Offices)	umber and Street, City, State, Zip Code)	Telephone Number (Inclu	ding Area Code)
Brief Description of Business Wireless Internet Services Provider			
Type of Business Organization		.	
☐ corporation ☐ business trust	☐ limited partnership, already formed☐ limited partnership, to be formed☐	☑ other please sp -timited t	pecify lability company
	Month Year		
Actual or Estimated Date of Incorporation or Organization:	0 3 0 3	☑ Actual ☐ Estin	nated PROCESSED
Jurisdiction of Incorporation of Organization:	(Enter two letter U.S. Postal Service abbre State: MO		AUG 1 4 2003

GENERAL INSTRUCTION:

FINANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,301 et seq. or 15 U.S.C. 77d (6).

When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to file: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shail be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1972 (2/99) 1 of 8

7.7	M 197	50 100	A. BASIC IDENTII	FICATION DATA		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
2. Enter the	informati	on requested for t	the following:			
•	Each pro	omoter of the issu	er, if the issuer has been orga	nized within the past five	years;	
•		neficial owner haves of the issuer;	ving the power to vote or dispo	ose, or direct the vote or	disposition of, 10%	or more of a class of equity
•	Each ex and	ecutive officer and	d director of corporate issuers	and of corporate genera	l and managing par	tners of partnership issuers;
•	Each ge	neral and managi	ing partner of partnership issu	ers.		
Check Box(es) tha	t Apply:	☑ Promoter	Beneficial Owner	Executive officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last na	ame first, i	f individual)				
Cervantes, Brett						
Business or Reside	ence Addr	ess (Number and	Street, City, State, Zip Code)			
2724 South Lindbe	ergh, St. Le	ouis, MO 63131				
Check Box(es) tha	t Apply:	☐ Promoter	■ Beneficial Owner	Executive officer	☑ Director	General and/or Managing Partner
Full Name (Last na	ame first, i	f individual)				
Esparel, Sylvie						
Business or Reside	ence Addr	ess (Number and	Street, City, State, Zip Code)			
6509 San Bonita, 0	Clayton, M	IO 63105				3
6509 San Bonita, (Check Box(es) tha		IO 63105 □ Promoter	☐ Beneficial Owner	☐ Executive officer	☐ Director	☐ General and/or Managing Partner
	t Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive officer	Director	
Check Box(es) tha	t Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive officer	☐ Director	Managing Partner
Check Box(es) tha	t Apply: ame first, i	☐ Promoter findividual)	☐ Beneficial Owner Street, City, State, Zip Code)			Managing Partner
Check Box(es) tha	t Apply: ame first, i	☐ Promoter findividual)				Managing Partner
Check Box(es) tha	t Apply: ame first, i	☐ Promoter findividual)				Managing Partner
Check Box(es) that Full Name (Last na Business or Resid	t Apply: ame first, i ence Addr t Apply:	Promoter findividual) ess (Number and	Street, City, State, Zip Code)			Managing Partner General and/or
Check Box(es) that Full Name (Last na Business or Residence Check Box(es) that	t Apply: ame first, i ence Addr t Apply:	Promoter findividual) ess (Number and	Street, City, State, Zip Code)			Managing Partner General and/or
Check Box(es) that Full Name (Last na Business or Reside Check Box(es) that Full Name (Last na	t Apply: ame first, i ence Addr t Apply: ame first, i	Promoter findividual) ress (Number and Promoter findividual)	Street, City, State, Zip Code)	☐ Executive officer		Managing Partner General and/or
Check Box(es) that Full Name (Last na Business or Reside Check Box(es) that Full Name (Last na	t Apply: ame first, i ence Addr t Apply: ame first, i ence Addr	Promoter findividual) ress (Number and Promoter findividual)	Street, City, State, Zip Code) Beneficial Owner	☐ Executive officer		Managing Partner General and/or
Check Box(es) that Full Name (Last na Business or Reside Check Box(es) that Full Name (Last na Business or Reside	t Apply: ence Addr t Apply: ence Addr ence Addr ence Addr	Promoter findividual) ress (Number and Promoter findividual) ress (Number and	Street, City, State, Zip Code) Beneficial Owner Street, City, State, Zip Code)	☐ Executive officer	□ Director	Managing Partner General and/or Managing Partner General and/or
Check Box(es) that Full Name (Last name) Business or Residence Check Box(es) that Full Name (Last name) Business or Residence Check Box(es) that	t Apply: ence Addr t Apply: ence Addr ence Addr ence Addr	Promoter findividual) ress (Number and Promoter findividual) ress (Number and	Street, City, State, Zip Code) Beneficial Owner Street, City, State, Zip Code)	☐ Executive officer	□ Director	Managing Partner General and/or Managing Partner General and/or
Check Box(es) that Full Name (Last name) Business or Residence Check Box(es) that Full Name (Last name) Business or Residence Check Box(es) that Full Name (Last name)	t Apply: ame first, i ence Addr t Apply: ame first, i ence Addr at Apply: ame first, i	Promoter findividual) ress (Number and Promoter findividual) ress (Number and Promoter findividual)	Street, City, State, Zip Code) Beneficial Owner Street, City, State, Zip Code)	☐ Executive officer ☐ Executive officer	□ Director	Managing Partner General and/or Managing Partner General and/or
Check Box(es) that Full Name (Last na Business or Reside Check Box(es) that Full Name (Last na Business or Reside Check Box(es) that Full Name (Last na	t Apply: ame first, i ence Addr t Apply: ame first, i ence Addr at Apply: ame first, i	Promoter findividual) ress (Number and Promoter findividual) ress (Number and Promoter findividual)	Street, City, State, Zip Code) Beneficial Owner Street, City, State, Zip Code) Beneficial Owner	☐ Executive officer ☐ Executive officer	□ Director	Managing Partner General and/or Managing Partner General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		. yo see	er er op eer e	waring Pro-	B INFO	ORMATIO	N ABOUT	OFFERIN	iĞ 🚉 🗥	18 W	- W. M.	175-174 (1) 121-181 (1)	4-76)	3-1 B
													Yes	No
1.	Has the iss	suer sold, d	or does the							•		•••••••••	🗆	Z
					er also in /								=	
2.	What is the	e minimum	investme	nt that will	be accept	ed from ar	ny individu:	al?				• • • • • • • • • • • • • • • • • • • •	\$2	0,000,0
3.	Does the c	iffering per	rmit joint o	wnership o	of a single	unit?	•••••	••••••	************			•••••	Yes ເ≆	No
4.	Enter the in or similar r is an assor broker or of the information	emuneration ciated persilealer. If n	on for solid son or agei nore than f	citation of portion of portion of a browning of a browning of the contract of	purchasers ker or deal rsons to be	in connec er register	ction with s red with the	ales of se e SEC and	curities in it/or with a	the offering state of st	g. If a perse ates, list th	on to be lis e name of	ted the	
Full Nan	ne (Last nam	e first, if In	dividual)		··· <u></u>					<u></u>				
NOT AF	PLICABLE													
Busines	s or Residen	ce Addres	s (Number	and Stree	et, City, Sta	ate, Zip Co	ode)							
Name	f Associated	Broker or	Dealer											
	. , woodateu													
States in	n Which Pers	on Listed	Has Solicit	ted or Inte	nds to Soli	cit Purcha	sers							
(Check	"All States" o	r check ind	dividual Sta	ates)			••••••		·····			••••••••••	☐ All S	tates
[AL] [IL] [MT]	[AK] [IN] [NE]	. [AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[MÖ] [PA]		
[RI] Full Nar	[SC] ne (Last nam	[SD] e first, if in	[TN] idividual)	[TX]	·[UT]	[VT]	[VA]	[WA]	[WV]	[Wi]	<u>[WY]</u>	[PR]	g v ⁽ +)	
	,		, /	****	1.62									
Busines	s or Residen	ce Addres	s (Number	and Stree	et, City, Sta	ate, Zip Co	ode)				ŧ		,	i
Name o	f Associated	Broker or	Dealer						<u> </u>					
States in	n Which Pers	on Listed	Has Solicit	ted or Inte	nds to Soli	cit Purcha	sers							
(Check	"All States" o	r check ind	dividual Sta	ates)			· • • • • • • • • • • • • • • • • • • •					••••	☐ All S	tates
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [1A] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD) [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	· · · · · · · · · · · · · · · · · · ·	
Full Nar	ne (Last nam	e first, if in	ndividual)											
Busines	s or Residen	ce Addres	s (Number	and Stree	et, City. Sta	ate, Zip Co	ode)							
						· , - F	,							
Name o	f Associated	Broker or	Dealer	·····										
States in	n Which Pers	on Listed	Has Solici	ted or Inte	nds to Soli	cit Purcha	sers			,				
(Check	"All States" o	r check ind	dividual St	ates)	•••••		•••••••	••••••	*************	*************			☐ All S	tates
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	(AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) [LA] [NM]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] (OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS	to de	The State	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate		Amount	
	Type of Security	Offering Price	, Δ	iready Sol	
	Debt	\$500,00	<u>00</u> \$_	40.0	<u> 200</u>
	Equity	\$500,00	<u>00</u> \$_	40.0	200
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$66	<u>)0</u> \$_		48
	Partnership Interests	\$	<u> </u>		0
	Other (Specify)	\$	<u>0</u> \$_		0
	Total	\$506,00	<u> </u>	40,0	<u> 348</u>
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."				
				Aggregate Dollar	
	to the second of	Number Investors		Amount of Purchases	
	Accredited Investors	1	\$_	40,0) <u>48</u>
	Non-Accredited Investors	<u> </u>	\$_	.4.	0
	Total (for filings under Rule 504 only)			40.(<u>)48</u>
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securing this offering. Classify securities by type listed in Part C—Question 1.	ř			
	Type of offering	Type of Security	A	Dollar Imount Sol	ld
	Rule 505	N/A	\$_N//	Α	
	Regulation A	N/A	\$_N//	Α	
	Rule 504	N/A	\$_N//	Α	
	Total	N/A	\$_ N//	Α .	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be give subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check took to the left of the estimate.	en as			
	Transfer Agent's Fees		□ \$_		0
	Printing and Engraving Costs		⊠ \$_	1.0	200
	Legal Fees		¥ \$_	5,0	<u>000</u>
	Accounting Fees		⊠ \$_	5,0	000
	Engineering Fees		□ \$_		_0
	Sales Commissions (specify finders' fees separately)		□ \$_		0

C. OFFERING PRICE, NÚMBER O	F INVESTORS; EXPENSES; AND USE OF PRO	DCEEDS	
b. Enter the difference between the aggregate offering price of expenses furnished in response to Part C—Question 4.a.This	given in response to Part C—Question 1 and to so difference is the "adjusted gross proceeds to the solution of	tal ne issuer."	\$ 495,000
 Indicate below the amount of the adjusted gross proceeds to the purposes shown. If the amount for any purpose is not kni- left of the estimate. The total of the payments listed must equ in response to Part C—Question 4.b above. 	own, furnish an estimate and check the box to the	ie	
		Payments to Officers, Directors, & Affiliates	Payment to Others
Salaries and Fees		⊠ \$ 120,000	≥ \$ 40,000
Purchase of real estate		□ \$ <u> </u>	 \$
Purchase, rental or leasing and installation of machine	ery and equipment	□ \$ <u> </u>	⊠ \$ <u>300,000</u>
Construction or leasing of plant buildings and facilities	3	□ \$ <u> </u>	□\$0
Acquisition of other businesses (including the value o used in exchange for the assets or securities of anoth		□ \$ <u> </u>	□ \$ <u> </u>
Repayment of indebtedness		□ \$ <u> </u>	□ \$ <u>(</u>
Working capital		□ \$ <u>···</u>	⊠ \$ <u>35,000</u>
Other (specify):	·	□ \$ <u> </u>	□ \$ <u>(</u>
•	*	□ \$ <u> </u>	□ \$ <u>(</u>
Column Totals		⊠ \$ <u>14120,000</u>	≥ \$ <u>375,000</u>
Total Payments Listed (column totals added)			⊠ \$ <u>. 495,000</u>
D.	FEDERAL SIGNATURE	100000	新祖 ,
The issuer has duly caused this notice to be signed by the under signature constitutes an undertaking by the issuer to furnish to the information furnished by the issuer to any non-accredited investor.	ne U.S. Securities and Exchange Commission, u		
Issuer (Print or Type)	Signature	Date	
Oxygen Wireless, LLC	Truster I am I	August 11, 200	3
Name of Signer (Print or Type)	Title of Signer (Print or Type)	,	
Brett Cervantes	President and Chief Executive Officer		
	ATTENTION	·	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 16 U.S.C. 1001.)

	E: STATE SIGNATURE
1.	Yes No Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrator, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned y authorized person.
Iss	suer (Print or Type) Signature Date
0	kygen Wireless, LLC Enso D. Common Appliest 11, 2003
Na	ame (Print or Type) Title (Print or Type)
Br	ett Cervantes President and Chief Executive Officer

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed printed signatures.

				A	PPÉNDIX				40 m	
1	2		3	4				5		
	non-action investigated (F	to sell to credited tors in Part B—	Type of security and aggregate offering price offered in State (Part C—Item1)		Type of investor and amount purchased in State (Part C—Item2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E—Item1)		
State	Yes	No		Number of Accredited investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL		х							х	
AK	<u> </u>	х							x	
AZ		х							x	
AR		х							х	
CA		х			 				х	
со		x							х	
СТ		х							х	
DE		x					ĺ		x	
DC		х					:		х	
FL		X					4		· X:	
GA		х							X	
ні		х					1		X	
۵۱	<u> </u>	Х							х	
1L		х							x	
IN		х			·				×	
JA		x							х	
KS		x							×	
KY		X							×	
LA		×							×	
ME	<u> </u>	x							×	
MO		x							×	
MA	<u> </u>	x							X	
МІ		x							X	
MN		х							X	
MS		х							x	
МО		X		1	\$40,048	0			x	

28.1	<u> </u>	1	Marie Control	A	PPĒNDIX				
State	Yes	No		Number of Accredited investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT		x							×
NE		x			,				×
NV		x							×
NH		x							X
NJ		x							×
NM		x							X
NY		X							Х
NC		х							x
ND		X							x
ОН		x							x
ОК		x							×
OR		х							×
PA		x		ì			£		X
RI		х	,						×
sc		х			:				×
SD		х							×
TN		x				·			x .
TX		x		,					Х
UT		x							Х
VT ·		х							X
VA		х					׆		X
WA_		x							X
W		x							Х
WI		x							X
WY_		x							X
PR		Х							×